

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

6890

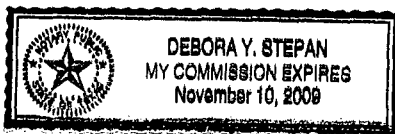
FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00041401		2 PAGE # 1 of 15	
3 COMMITTEE NAME The Friends of Darlene Byrne 2000				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 98 San Jacinto Blvd. Suite 2000 Austin, TX 78701			
5 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. NICKNAME Steve		FIRST Stephen LAST Adler MI SUFFIX			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 808 Nueces Street Austin, TX 78701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 808 Nueces Street Austin, TX 78701			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 478-4995			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Dissolution (attach JSPAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year 01/01/2008 THROUGH 06/30/2008			
11 ELECTION		ELECTION DATE Month Day Year 11/04/2008 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special			
GO TO PAGE 2					

JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE NAME The Friends of Darlene Byrne 2000		ACCOUNT # (Ethics Commission filers) 00041401
13 COMMITTEE PURPOSE (Attach list on plain paper to complete this report if necessary.) <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE <input checked="" type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE <input checked="" type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME Darlene Byrne OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Judge, 126th Judicial District
14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 313.42
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,047.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 48,845.79
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Campaign Treasurer

Sworn to and subscribed before me, by the said Stephen I. Adler, this the 14th day of July, 2008, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Debora Y. Stepan
Print name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/12 Report: 3/15

2 FILER NAME The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date 04/11/2008	5 Payee name Austin Bar Association 6 Payee address; City; State; Zip Code 816 Congress Avenue Suite 700 Austin, TX 78701	7 Amount (\$) \$100.00
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8 Purpose of payment (See instructions regarding type of information required.)
Sponsorship9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/16/2008	Payee name Clarion Hotel Payee address; City; State; Zip Code 801 South 4th Street Waco, TX 76706	Amount (\$) \$74.85
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Purpose of payment (See instructions regarding type of information required.)
Hotel expense in Waco (to be reimbursed)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 03/04/2008	Payee name Cru Wine Bar Payee address; City; State; Zip Code 238 West 2nd Street Austin, TX 78701	Amount (\$) \$99.44
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Purpose of payment (See instructions regarding type of information required.)
Meeting with County Auditor, Asst County Auditor and Judge Jeanne Meurer** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/25/2008	Payee name Darlene Byrne Payee address; City; State; Zip Code 98 San Jacinto Blvd Suite 2000 Austin, TX 78746	Amount (\$) \$34.64
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Purpose of payment (See instructions regarding type of information required.)
Reimbursement to Darlene Byrne for expenditure listed on JC-OH Report-Schedule G (Acct #0004136)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 2/12 Report: 4/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Date**5** Payee name
Darlene Byrne**7** Amount
(\$)

03/27/2008

6 Payee address; City; State; Zip Code
98 San Jacinto Blvd.
Suite 2000
Austin, TX 78746

\$16.24

8 Purpose of payment (See instructions regarding type of information required.)Reimbursement to Darlene Byrne for expenditure listed on
JC-OH Report-Schedule G (Acct #0004136)(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name
Darlene ByrneAmount
(\$)

03/27/2008

Payee address; City; State; Zip Code
98 San Jacinto Blvd.
Suite 2000
Austin, TX 78701

\$20.25

Purpose of payment (See instructions regarding type of information required.)

Reimbursement to Darlene Byrne for expenditure listed on
JC-OH Report-Schedule G (Acct #0004136)(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name
Durbin Bennett & PetersonAmount
(\$)

03/19/2008

Payee address; City; State; Zip Code
100 Congress Avenue
Suite 1600
Austin, TX 78701

\$648.75

Purpose of payment (See instructions regarding type of information required.)

Tax Advice for Campaign Account

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

Date

Payee name
Durbin Bennett & PetersonAmount
(\$)

03/24/2008

Payee address; City; State; Zip Code
100 Congress Avenue
Suite 1600
Austin, TX 78701

\$716.25

Purpose of payment (See instructions regarding type of information required.)

Tax Advice for Campaign Account

(If travel outside of Texas, complete Schedule T) ☐**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 3/12 Report: 5/15

2 FILER NAME The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date 05/08/2008	5 Payee name Elfants, Bruce 6 Payee address; City; State; Zip Code 1003 Guadalupe Holt Building Austin, TX 78701	7 Amount (\$) \$50.00
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8 Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/27/2008	Payee name Guero's Taco Bar Payee address; City; State; Zip Code 1412 South Congress Austin, TX 78701	Amount (\$) \$69.54
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Purpose of payment (See instructions regarding type of information required.) Court staff birthday luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/16/2008	Payee name HEB Payee address; City; State; Zip Code 2400 South Congress Austin, TX 78704	Amount (\$) \$20.56
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Purpose of payment (See instructions regarding type of information required.) Flowers for Staff: Drug Court Coordinator (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 04/22/2008	Payee name HEB Payee address; City; State; Zip Code 2400 South Congress Austin, TX 78704	Amount (\$) \$28.52
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Purpose of payment (See instructions regarding type of information required.) Lunch provided for Drug Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/12 Report: 6/15
2 FILER NAME The Friends of Darlene Byrne 2000		3 ACCOUNT # (Ethics Commission filers) 00041401
4 Date 04/23/2008	5 Payee name HEB 6 Payee address; City; State; Zip Code 2400 South Congress Austin, TX 78704	7 Amount (\$) \$47.27
8 Purpose of payment (See instructions regarding type of information required.) Lunch for Administrative Assistants Day (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 05/21/2008	Payee name HEB Payee address; City; State; Zip Code 2400 South Congress Austin, TX 78704	Amount (\$) \$6.43
Purpose of payment (See instructions regarding type of information required.) Balloons and Food for Adoption Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 06/17/2008	Payee name HEB Payee address; City; State; Zip Code 2400 South Congress Austin, TX 78704	Amount (\$) \$13.05
Purpose of payment (See instructions regarding type of information required.) Court expense: snacks for jury (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
Date 03/30/2008	Payee name League of Women Voters Payee address; City; State; Zip Code 1212 Guadalupe #107 Austin, TX 78701	Amount (\$) \$50.00
Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 5/12 Report: 7/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401

4 Date 02/05/2008	5 Payee name National Council for Juvenile and Family Court Judges 6 Payee address; City; State; Zip Code P. O. Box 8970 Reno, NV 89507	7 Amount (\$) \$242.13
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8 Purpose of payment (See instructions regarding type of information required.) Founder's Club Membership (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 05/06/2008	Payee name National Council for Juvenile and Family Court Judges Payee address; City; State; Zip Code P. O. Box 8970 Reno, NV 89507	Amount (\$) \$551.00
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Purpose of payment (See instructions regarding type of information required.) Registration (to be reimbursed) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 05/19/2008	Payee name National Council for Juvenile and Family Court Judges Payee address; City; State; Zip Code P. O. Box 8970 Reno, NV 89507	Amount (\$) \$242.13
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Purpose of payment (See instructions regarding type of information required.) Founder's Club Membership Dues (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 03/11/2008	Payee name Newspapers in Education Payee address; City; State; Zip Code P. O. Box 670 Austin, TX 78767	Amount (\$) \$125.00
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Purpose of payment (See instructions regarding type of information required.) Donation (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 6/12 Report: 8/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401

4 Date 01/22/2008	5 Payee name Oriental Trading Company 6 Payee address; City; State; Zip Code P. O. Box 790403 St. Louis, MO 63179	7 Amount (\$) \$62.80
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8 Purpose of payment (See instructions regarding type of information required.) Gifts for Kids at Adoption Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/30/2008	Payee name Oriental Trading Company Payee address; City; State; Zip Code P. O. Box 790403 St. Louis, MO 63179	Amount (\$) \$62.80
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Purpose of payment (See instructions regarding type of information required.) Gifts for Kids at Adoption Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 01/08/2008	Payee name Ozarka Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	Amount (\$) \$57.04
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Purpose of payment (See instructions regarding type of information required.) Court expense: water provided to jury room (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/11/2008	Payee name Ozarka Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	Amount (\$) \$39.27
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Purpose of payment (See instructions regarding type of information required.) Court expense: water provided to jury room (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 7/12 Report: 9/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401

4 Date 03/30/2008	5 Payee name Ozarka 6 Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	7 Amount (\$) \$124.67
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8 Purpose of payment (See instructions regarding type of information required.)

Court expense: water provided to jury room

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 04/29/2008	Payee name Ozarka Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	Amount (\$) \$65.63
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Purpose of payment (See instructions regarding type of information required.)

Court expense: water provided to jury room

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 06/09/2008	Payee name Ozarka Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	Amount (\$) \$76.22
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Purpose of payment (See instructions regarding type of information required.)

Court expense: water provided to jury room

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 06/23/2008	Payee name Ozarka Payee address; City; State; Zip Code 6661 Dixie Highway Suite 4 Louisville, KY 40258	Amount (\$) \$52.45
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Purpose of payment (See instructions regarding type of information required.)

Court expense: water provided to jury room

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 8/12 Report: 10/15

2 FILER NAME The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date 01/31/2008	5 Payee name Randall's Food Stores 6 Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746	7 Amount (\$) \$14.98
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8 Purpose of payment (See instructions regarding type of information required.) Lunch meeting re: drug court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/04/2008	Payee name Randall's Food Stores Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746	Amount (\$) \$15.23
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Purpose of payment (See instructions regarding type of information required.) Food for Adoption Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/05/2008	Payee name Randall's Food Stores Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746	Amount (\$) \$15.64
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Purpose of payment (See instructions regarding type of information required.) Food for Adoption Court (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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Date 02/18/2008	Payee name Randall's Food Stores Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746	Amount (\$) \$67.65
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Purpose of payment (See instructions regarding type of information required.) Volunteer appreciation luncheon (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/12 Report: 11/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401

4 Date 02/21/2008	5 Payee name Randall's Food Stores 6 Payee address; City; State; Zip Code 3300 Bee Cave Road Austin, TX 78746	7 Amount (\$) \$129.49
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8 Purpose of payment (See instructions regarding type of information required.)
Volunteer Appreciation Luncheon**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/04/2008	Payee name Shack, Ed (Mr.) Payee address; City; State; Zip Code 814 San Jacinto Blvd. Suite 202 Austin, TX 78701	Amount (\$) \$750.00
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Purpose of payment (See instructions regarding type of information required.)
Legal Advice for Campaign Compliance**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 01/19/2008	Payee name Sharper Image Payee address; City; State; Zip Code 2901 S. Capital Tx Hwy Austin, TX 78746	Amount (\$) \$108.20
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Purpose of payment (See instructions regarding type of information required.)
Office expense: electronics for Judge's Office**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 02/13/2008	Payee name Shoal Creek Saloon Payee address; City; State; Zip Code 909 North Lamar Austin, TX 78703	Amount (\$) \$28.25
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Purpose of payment (See instructions regarding type of information required.)
Judges Meeting**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/12 Report: 12/15

2 FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT #

(Ethics Commission filers)

00041401

4 Date

02/20/2008

5 Payee name

Shoal Creek Saloon

7

Amount

(\$)

\$14.50

6 Payee address; City; State; Zip Code909 North Lamar
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Judges Meeting

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

03/24/2008

Payee name

Shoal Creek Saloon

Amount

(\$)

\$36.15

Payee address; City; State; Zip Code

909 North Lamar
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Judges Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/08/2008

Payee name

Shoal Creek Saloon

Amount

(\$)

\$16.00

Payee address; City; State; Zip Code

909 North Lamar
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Judges Meeting

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/22/2008

Payee name

Southwest Airlines

Amount

(\$)

\$451.50

Payee address; City; State; Zip Code

P.O. Box 36647 - 1CR
Dallas, TX 75235

Purpose of payment (See instructions regarding type of information required.)

(See travel info on Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☒

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 11/12 Report: 13/15

2 FILER NAME The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date

5 Payee name

State Bar of Texas

7

Amount

(\$)

01/30/2008

6 Payee address; City; State; Zip Code

P. O. Box 149335

Austin, TX 78714-9335

\$25.00

8 Purpose of payment (See instructions regarding type of information required.)

CPS CLE Fee

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

State Bar of Texas

Amount

(\$)

02/20/2008

Payee address; City; State; Zip Code

P. O. Box 149335

Austin, TX 78714-9335

\$25.00

Purpose of payment (See instructions regarding type of information required.)

CPS CLE Fee

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

State Bar of Texas

Amount

(\$)

04/07/2008

Payee address; City; State; Zip Code

P. O. Box 149335

Austin, TX 78714-9335

\$25.00

Purpose of payment (See instructions regarding type of information required.)

CPS CLE Fee

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

State Bar of Texas

Amount

(\$)

05/06/2008

Payee address; City; State; Zip Code

P. O. Box 149335

Austin, TX 78714

\$25.00

Purpose of payment (See instructions regarding type of information required.)

Membership dues for Juvenile Section

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 12/12 Report: 14/15

2 FILER NAME The Friends of Darlene Byrne 2000

3 ACCOUNT # (Ethics Commission filers)
00041401

4 Date

03/30/2008

5 Payee name

TCWLA

7 Amount
(\$)

\$40.00

6 Payee address; City; State; Zip Code

P. O. Box 1386
Austin, TX 78767

8 Purpose of payment (See instructions regarding type of information required.)

Membership fee

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

04/01/2008

Payee name

TCWLA

Amount
(\$)

\$250.00

Payee address; City; State; Zip Code

P. O. Box 1386
Austin, TX 78767

Purpose of payment (See instructions regarding type of information required.)

Luncheon

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 15/15**2** FILER NAME The Friends of Darlene Byrne 2000**3** ACCOUNT # (Ethics Commission filers)
00041401**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Southwest Airlines**5** Contribution / Expenditure reported on:☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☒ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E**6** Dates of travel

07/25/2008

07/30/2008

7 Name of person(s) traveling
Byrne, Darlene (Mrs.)**8** Departure city or name of departure location
Austin, TX**9** Destination city or name of destination location
Norfolk, VA**10** Means of transportation
Air**11** Purpose of travel (including name of conference, seminar, or other event)
Airfare to NCJFCJ Annual Conference